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Patent Number	7,267,683
Issue Date	September 11, 2007
First Named Inventor	Hugh SHARKEY et al.
Title	METHOD FOR TREATING INTERVERTEBRAL DISCS
Attorney Docket Number	030891-00030

I hereby revoke all previous powers of attorney given in the above-identified patent.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) with respect to the patent identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

04372

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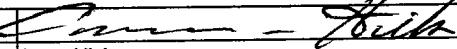
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I am the:

 Inventor, having ownership of the patent.**OR** Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Inventor or Patent Owner**

Signature		Date	10/6/92/010
Name	Larry Hicks	Telephone	(978) 657-6519
Title and Company	CEO, NeuroTherm, Inc.		

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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